

FILED OCT 26 1954 THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35911**  
Registrar's No. **9301**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b>		b. COUNTY <b>Crawford</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS, MISSOURI</b>		c. LENGTH OF STAY (In this place) <b>Oblong</b>		c. CITY OR TOWN <b>Oblong</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
		e. STREET ADDRESS (If rural, give location) <b>8120 g</b>			

3. NAME OF DECEASED (Type or Print)		a. (First) <b>WALTER</b>	b. (Middle) <b>ELWOOD</b>	c. (Last) <b>RUSSELL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>October 11, 1954</b>	
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April, 30, 1885</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Fuel Oil</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Fuel Oil Dealer</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Greenwood, Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>Elisah Russell</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Emma Sanders</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Russell</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>343-03-9714</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mary Inboden, Oblong, Illinois.</b>		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>6 wks</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Prostate</b>		c metastases					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>177X</b>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **9-13-**, 19**54**, to **10-11-**, 19**54**, that I last saw the deceased alive on **10-11-**, 19**54**, and that death occurred at **5:30 P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>G. Vermillion, M.D.</b>		(Degree or title) <b>M. D.</b>		23b. ADDRESS <b>BARNES HOSPITAL</b>		23c. DATE SIGNED <b>OCT 13 1954</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>10-12-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oblong Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Oblong, Illinois.</b>	
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DATE REC'D BY LOCAL REG. <b>OCT 13 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>		ADDRESS <b>4700 Washington.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *John B. Ambler*.....

Licensed Embalmer No. *365*.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.